₩.5% Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Elwood K Eden Name Plumbers and Pipefitters LU 430 Labor Organization File Number 54406 P.O. Box, Bidg., Room No., if any Street 29261 North 3963 Rd City Ochelata State Oklahoma ZIP Code + 4 74051-2451 State Oklahoma ZIP Code + 4 74051-2451 State Oklahoma ZIP Code + 4 74051-2451 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	1. File Number U - 9472	2. Fiscal Year Covered From:
3. Name and address of person filing. Name Elwood K Eden Name Flumbers and Pipefitters LU 430 Labor Organization File Number Sugara P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 29261 North 3963 Rd Street 2908 North Harvard Ave. City Ochelata City Tulsa State Oxlahoma ZiP Code +4 74051-2451 State Oxlahoma ZiP Code +4 74115-240 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. A. Nature of Interest, Transaction, or Income.	1. The Number 0 - 124	Z. FISCAL FEAL COVERED FIUTH.
Name Elwood K Eden Name Plumbers and Pipefitters LU 430 Labor Organization File Number 544606 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any P.O. Box, Bldg., Room No., if any		1 / 1 / 2004 Through: 12 / 31 / 2004
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Street 29261 North 3963 Rd Street 2908 North Harvard Ave. City Ochelata State Oklahoma ZIP Code +4 74051-2451 State Oklahoma ZIP Code +4 74115-246 5. Position in labor organization. Vice President Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount.		to the transmitted the state of
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Signature	(except as specified in the except as specified	or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
15. Signature and verification. The undersigned declares, under penalty of Periury and other applicable penalties of the law, that all of the information	(except as specified in the except as specified	or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	(except as specified in the except as specified	or derived income or other economic benefit of cation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Date

Telephone Number

Name of Person Filing Elwood Eden	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Tulsa Pipe Trades Training School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8602 East 46th Street City Tulsa State Oklahoma ZIP Code + 4 74145-4805 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Local Union negotiates contracts with signatory contractors for contributions made to the Training School.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Training Session for approantieship school in ontario. Ca. 6-6-04-6-11-04 Air Faire 497.00 Rental Car 159.00 Hotel -641.00 Parking - 39.00 12.b. Amount. approximatery 1336.00
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ler parts A and B above)
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.